ANALYZING SOCIO-CULTURAL STUDY ON MUNDA TRIBE

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INTRODUCTION

In contemporary society there is a resurgence of interest in herbal medicine and other complementary and alternative medicine. As knowledge is not fixed and constant rather dynamis and thus it is reinterpreted and influenced by a particular historical, socio-cultural and political context; Knowledge of health, illness and medicine is also dynamic and complex (Geraldine Lee-Treweek et al, 2005).

Medical Anthropology is one such body of knowledge which is contributing to understand this dynamic and complex practice. A brief sketch of medical anthropology is thus given as a part of introduction.

During past several years many anthropologists have focused their attention towards the problem of health and diseases worldwide cross culturally'. It has given rise to medical anthropology which is involved in carrying out researches in the field of culture, illness and health, drug abuse, definition of health's disease, ethno medicine, nutritional concepts, ethno physiology, doctor-patient relationship, body symbolism, preventive medicine, medical ethics and so on.

To begin with, the earliest definition of medical anthropology was given by Hasan and Prasad. Hasan and Prasad (1959) define "Medical Anthropology as that branch of 'Science of man', which studies biological & cultural (including histórical) aspects of man from the point of view of understanding the medical, medico historical, medico-legal, medico-social and public health problems of human beings". (Hasan and Prasad, 1959: 21-22).

Foster's (1978) twofold definition highlights the "bio cultural inter-relationship between human behaviors" and "health and disease", as theoretical exercise and the utility of this knowledge in health-related planning "through changing of health behavior in-direction believed to promote better health".

"Medical anthropology is the holistic study of health, illness and related misfortunes, as these are culturally perceived, labeled, classified, experienced and communicated on the one hand, and socially constructed roles, statuses and institutional networks

Banerjee, Madhulika 2009 Ayurvedic Pharmaceuticals at Home and in the World. Hyderabad. Orient Blackswan Pvt. Ltd.

which are believed to help in the health enhancing process, on the other, with a view to identify cross-cultural similarities and variations in the patteming of such behavior.

Medical anthropology is the study of human health and disease, health care systems, and Bio cultural adaptation. Medical anthropology can be shortly defined as that branch of anthropological research that deals with the factors that cause, maintain or contribute to disease or illness, and the strategies and practices that different human communities have developed in order to respond to disease and illness.

Medical anthropology is a sub-branch of anthropology that is concerned with the application of anthropological and social science theories and methods to questions about health, illness and healing. Medical anthropology is the study of ethno medicine, explanation of illness and disease; what causes illness; the evaluation of health, illness and cure from both an emic and etic point of view; naturalistic and personalistic explanation, evil eye, magic and sorcery; bio cultural and political study of health ecology; types of medical systems; development of systems of medical knowledge and health care and patient-practitioner relationships; political economic studies of health ideologies and integrating alternative medical systems in culturally diverse environments.

Medicine, health and illness are all partly cultural categories and different cultures have their own logic and altemative means to deal with these. Medical anthropology looks at cultural conceptions of the body, health and illness. It also focuses on health behavior as a way to learn about social values and social relations. George M. Foster and Barbara Gallatin Anderson (1978) trace the development of medical anthropology to four distinct sources: the interest of early physical anthropologists in human evolution and adaptation, ethnographic interest in primitive medicine, studies of psychiatric phenomena in the culture and personality school, and anthropological work in international health. William H. R. Rivers (1924), a physician, is considered the first ethnologist of non-Western medical practices.

All, A. 2003 "Health Status of Tribals in India: An OvervievV." In B. Bhattacharya: Dipak Kumar Adak et alleds), Demography & Health Profile of the Tribals pp1-23. New Delhi: Anmol Publications Pvt. Ltd.

River's (1924) pioneering theoretical classic- "Medicine, Magic and Religion" defined medicine as a cultural system. He perceived medicine, magic and religion as "three sels of social processes so closely interrelated that the disentanglement of each from the rest is difficult or impossible". Early theoretical work by forrest E. Clements (1032) and Erwin H. Ackerknecht (1942, 1946) also attempted to systematize primitive medical beliefs and practices. Paralleling theory development were early applications of anthropological principles to health problems. Since the 1940s anthropologists have helped health care providers understand cultural differences in health behaviors, as shown in Benjamin D. Paul's edited volume "Health, Culture and Community: Case Studies of Public Reactions to Health Programs" (1955), one of the first medical anthropology texts. William Caudill (1953) was the first to identify the field, followed by review articles by Steven Polgar (1962) and by Norman Scotch (1963). Other active scholars were Hazel. Weidman, Arthur Rubel, Dorothea Leighton, Clifford Barnett, Marvin Opler, Marion Pearsall, Donald Kennedy, Benjamin Paul, and Charles Leslie (Hughes, 1968).

Ayurveda comprises of two words namely "ayur" means "life" and "Veda" means "knowledge", thus Ayurveda literally means "knowledge of life". Ayurveda implies the "knowledge of life" or the knowledge by which life may be prolonged. Its origin is traced far back to the Vedic times, about 5000 BC. During this period, medical history was associated with mythological figures, sages and seers. Dhanvantri is considered as the Hindu god of medicine. According to some authorities, the medical knowledge in the Atharvaveda gradually developed into the science of Ayurveda. In ancient India the celebrated authorities in Ayurvedic medicine were Atreya, Charaka, Susruta and Vagbhatt. Charaka mentions some 500 drugs in the "Charaka Samhita", such as the Indian Snakeroot i.e. Rauwolfia - reserpine drug for hypertension. Another authority Susruta in his classic Susruta Samhita elaborated mainly surgical knowledge, medicine, pathology, anatomy, midwifery, ophthalmology, hygiene and bedside manners. Of significance in Ayurveda is the "tridosha theory of disease". The doshas or humors are: vata (wind), pitta(gall), and kapha(mucus). Disease was explained as a disturbance in the equilibrium of the three humors; when these were in perfect balance and harmony, a person is said to be healthy. It is similar to the "theory of four

Bhasin, Veena, 2004. "Sexual Illness and Underutilization of Biomedicine Among Tribal Women of

Rajasthan." Anthropologist, 6(1): pp 1-12 Bhasin, V. 2007. Medical Anthropology: A Review. Ethno-Med, pp 1-20

humors" in Greek medicine. Hygiene was given an important place in ancient Indian medicine. The golden age of Indian medicine was between 800BC and 600 AD. During the Moghul period and subsequent years, Ayurveda declined due to lack of State suppon

Ethno medicine comprises of the words "ethno" means people and "medicine". Literally it means medicine of the people. Ethno medicine is the study of ethnography of health and healing behavior in various societies. Ethno medicine also refers to the study of traditional medical practice. It encompasses methods of diagnosis and treatment. Ethno medical studies are conducted to evaluate the efficacy of traditional health care practices, the prevalence of illnesses and the distribution of knowledge about illness attributes; the negotiations and instantiation of illness identities; the power of discourse to produce as well as cure affliction; discourse as moral commentary: linkages between medito religious institutions, models of self, power and the state."

Ethno medicine has been defined "ethno medicine as a culturally ordered interrelationship of medical symbols and meanings which are associated with a community's notions of illness ideology, body image and the entire set of preventives, promotive, curative and destructive health rituals and/or therapeutic actions performed by the participant actors in various healing contexts, as a symbolic system there by representing the cultural whole." Thus, it is evident that the practice of herbal medicine and its elements found among Munda tribes can be embraced in the field of ethno medicine. The use of plants for medicinal purposes is an age-old practice in tribal communities. This practice of herbal medicine can broadly be seen in two forms. Firstly, for many ailments and diseases/illnesses basically minor ones the common layperson Munda uses many plants for healing and other medicinal/health care purpose. Their knowledge is based on their close and keen observation of nature and oral transmission of this heritage knowledge from one generation to next one through riddles, folk songs, stories and myths within family and neighborhoods.

Abrams, M. H., & Harpham, G. G. (2005). A glossary of Literary Terms. Wadsworth Cengage Learning 25 Thomson"s place, Boston, USA. MA02210, USA Berger, P., & Heidemann, F. (2013). The modern anthropology of India: Ethnography, themes and theory, London: Routledge.

LITERATURE REVIEW

Kumari, Laxmi (2020) The present study aims at discourse analysis of Mundari Folktales of Jharkhand using sociocultural features. Discourse Analysis acts as an umbrella term for a rapidly growing field of research covering a wide range of different theoretical approaches and analytical emphases. It is assumed that different constructions of the world are represented in a number of ways. To understand different constructions, one needs to understand the factors that drive and shape the behavior of the people as individuals and collectively. The sociocultural discourse analysis focuses on the use of language as a social mode of thinking. The work of sociocultural theory is to explain how individual mental functioning is related to cultural, institutional, and historical context. This method will not only analyze words, sentences, expression, form and meaning but also analyze all kinds of social and cultural factors related to discourse. The intention behind the study is contribution to the repertoire of knowledge on Mundari folktales as an area which has remained unexplored over years. Despite being one of the major tribes of Jharkhand, these indigenous lives have not been a part of scholarly research yet. The tales are collected by different people and they are translated also but discourse study of the tales has not been dealt yet. Through the study of the tales one can learn their customs, culture, rituals, social activities and way of living. The emphases will be on analyzing people, their culture and society through the language used in the text.

Kumari, Laxmi et.al. (2021) The purpose of the present study is to portray the perception of tribal communities towards sustainable development. The motive of the study is to picture the awareness which these tribal communities imbibe in themselves from primitive times. The idea to study Munda tribe of Jharkhand is because they are large in numbers, and will easily represent their outlook towards importance of preserving forest and livelihood development. The study focused on socio-capital and cultural understanding of the tribe in their livelihood. It emphasized on importance of women in the development of better livelihood. It showed how Non-Wood Forest Products (NWFP) are used in commercial and industrial form without affecting the

Kumari, Laxmi & Rahman, Md. (2020), Munda Folktales of Jharkhand: A Study in Sociocultural Discourse. Journal of English Language and Literature. 14. 1268-1276. 10.17722/jell.v14i2.1174 Kumari, Laxmi & Rahman, Md. (2021) Munda Tribe Perception Towards Livelihood Through Sustainable Development Sposób na życie plemienia Munda w kontekście wymagań zrównowatonego rozwoju. Problemy Ekorozwoju. 16. 181-185. 10.35784/pe.2021.1.19.

natural resources, thus prometes sustainable development. The study also defined how through sustainable livelihood the tribe contributed in the revenue of the state government and also helped in generating income for the weaker section of the community.

Hare Krishna Kuiry (2022)" "Jharkhand' word comprises of two words, jhar and khand. That means bush or forest and khand denotes some part of earth or land. Then Jharkhand means the land of forest. This eastern state of India is famous for its natural resources and natural beauties. This treasure is protected by the Adivasi or tribal people of Jharkhand. Adivasi means the earliest or the first inhabitant of the land. It can be said that Adivasi and Nature are not separate entities. They are a complement 10 each other. Their culture, tradition, food, festival, and language are age-old, rich, and closely connected with nature. There are thirty-two tribal groups in Jharkhand and Munda tribe is one of the major tribal communities in Jharkhand. Adi-Dharam is a book written by Ram Dayal Muhda who was an anthropologist, folklorist, linguist, and academician. He was awarded Padmashri in 2010 for his immense contribution to Art in Jharkhand. This book Adi-Dharam is documentation of the religious beliefs of Adivasi of India especially in the Munda tribal community of Jharkhand, published in 2000. Through this book, Ram Dayal Munda tried to make a collection of festivals rituals, narratives, and prayers of Sarhul, Karma, and Sohorai festivals. This paper would deal with Ram Dayal Munda's keen observations of festival prayers, rituals, and festival narratives. This paper would also reflect on questions like how does the tribal culture connect with Mother Nature? It would also examine the ecosophical aspects of the Sarhul, Karma, and Sohorai festivals of adi dharam or ancient religion of the Munda tribe.

Huda'S (2022) Social Work is moving forward like a flowing time. With the change of time, new information is being added in different branches of knowledge. Bangladesh has also felt the touch of this change all over the world. Changes have also taken place in the social sphere of the country which is largely inconsistent with

Hare Krishna Kuiry 2022 Mundari Culture and Festivals: An Ecosophical Study of Ramdayal Munda's Adi Dharam Volume 3, No. 1, January-February, 2022, PP. 128-133 ISSN: 2582-7375 DOI: https://dx.doi.org/10.48189/ml 2022 v03/1.014
Huda S 2022 The Social Work with the Munda Community: The Indigenous People in the Sundarbans Areas of Bangladesh (Buno/Sardar/ Kol/Kuli/Ho/Sarna/Harohan/Horoko/Adibasi/Tribe) Volume 5 Issue 1 Received Date: February 14, 2022 Published Date: March 10, 2022 DOI: 10.23880/aeoaj-16000162

the needs of the times and not up-to-date in times of professional development. This research has been kept on the social worker to develop their creativity by acquiring a thorough knowledge of the Munda people in these areas. "Jishu Nam Ashram" and "SAMS" are conducting social welfare work for the development of the Munda people. Without written method, these people have preserved their language, culture, social customs and religious belief in generations. The 'Singh Bonga' is the main God and they also dedicate 'Cook-Hen' for the God. Trees, Stone and animals are the objects of worship. They also trust in ghost (Bhut). In 'Sadri' language, the Munda graveyard is called 'Masna" and greeting word 'Johar'. The Pahans remember their homeland in worship. During the fiestas, they serve 'Haria /Tari'. They are addicted in Rat's meat, Snails, Crabs, Pigs, wild Cats, Civet and Jonra etc.

HILARY STANDING (2017)" The thesis is concerned with the Mundas, a 600,000 strong tribe living on the Chptanagpur plateau in South Bihar, India. An attempt is made to explore and correlate linkages hetween certain religious and social changes found to be taking place among this group of people. A substantial body of ethnographic literature about the Mundas exists in the writings of colonial servants and foreign missionaries. This providesaa point of departure and a baseline for assessing some of the many subsequent changes undergone by this group of cultivators who are traditionally organized into a segmentary lineage society and who are outside the Hindu caste system both ritually and economically. The changes in social organization discussed here include the protective tenancy legislation enacted by the British in 1908 to prevent further alienation of tribal land to outsiders, the growing shortage of virgin land and its effect on lineage organization and village life, the growth of marketing and monetary structures, missions and education, and the increased cultural 'nationalism' of tribal people in Chotanagpur. These changes are linked with changes in religious organization, and particularly the decline in significance of the village priest (pahan) and the observances traditionally associated with village life and which are tied in with the cycles of wet and dry rice cultivation.

The importance of village medicine men and diviners is analysed and placed in the context of the search for explanations of new problems and of old problems for which

existing explanations lack credibility. Religion is seen as a charter of meaning as well as a reflector of social and economic changes and constraints. It is a product of history, and particular attention is paid, in this analysis, to the role of historical memory and traditions in shaping present ideologies.

Pamela Deb (2022) The Oraon, Munda and Santal are the three major Scheduled Tribes of the Jalpaiguri district of West Bengal. During the colonial period (mainly between 1880 and 1930), their arrival from the Chota Nagpur region to the Dooars region (Jalpaiguri district) took place by the British. In the present article, an attempt has been made to assess housing condition, livelihood pattern and socio-cultural life of the concerned tribes. For this purpose, 650 household surveys were carried out with the help of semi-structured questionnaire, focus group discussion, informal interviews and field visits. The study finds that, after being displaced from their homeland (Chota Nagpur Plateau region) and settled for long in the Jalpaiguri district, they undergone many changes in their habitat, economic condition and society, but it did not bring any improvement in their quality of life. The deplorable residence, lack of housing amenities and necessities, inadequate income, illiteracy, loosening of social organization are the major features presently prevalent among them.

Kasi Eswarappa (2022) India is home to a large number of tribal or Adivasi communities. Particularly vulnerable tribal groups (PVTGs) are one among them. The Indian state initiated several development programs in its affirmative action to benefit PVTGs. However, these initiatives have shown some effects on the ground, still a long way to go. After globalization, a lot of studies claim and argue that the state is slowly withdrawing from its agenda and encouraging multinational companies or corporations (MNCs) to take its role. The MNCs have started their operations by extracting resources without helping Adivasi communities. It led to large-scale protests by the tribal people and civil society organizations. The paper critically discusses development initiatives of the post-independent state to ameliorate the conditions of the PVTGs as part of their affirmative action policies. Furthermore, the

Pamela Deb 2022 Housing Condition, Livelihood Pattern and Socio-cultural Life of Oraon, Munda and Santal Tribes in Dooars, Jalpaiguri District, West Bengal: The Migrants from Chota Nagpur Plateau Region First published online March 3, 2022
Kasi Eswarappa 2022 The Complexity of the "Tribal" Question in India: The Case of the Particularly Vulnerable published 18, 2022 First Tribal Groups https://doi.org/10.1177/00219096221123748

paper draws inferences from secondary data sources collected from published and unpublished sources, documents, reports, and online sources.

Abhimanyu Kumar et.al. (2022) This paper is related to primary and secondary data collected from Anupur district, Madhya Pradesh. It is based on the social and cultural values of the Baiga tribes. Baiga tribe is the most backward tribe of Madhya Pradesh. These tribal people are found in this tribe are found in the following regions of Madhya Pradesh ie, Eastern Satpura, Mandla, Dindori, Balaghat, Baghelkhand, Sidhi Janpads, Bilaspur, and even in the sarguju area of Chhatisgarh state. The tribe baiga has been defined as decedents from sorcerers or medicine men. The term baiga in the long past time was also applied in the central provinces to anyone who served as a village priest. The methodology used in this research paper is of descriptive and exploratory types. The objective of this paper is conducted through social and cultural values analysis sociological aspects with structure and functional approach.

Shyam Babu et.al (2022)14 Folk theatres in India have been extremely rich and diverse in their artistic and ideological reach. Folk theatres such as Jatra, Chau, Nautanki, Nacha, Yakshgana, Ramlila, Raslial among several others have proved viable forums for the pedagogic, and cultural reawakening in Indian post-independence scenario. And they have also played a pivotal role not only in the configuration of nation but also in de-colonizing the Indian theatre from the European theatrical modalities. Of late Tribal theatres too have been seriously considered for their ethnographic and cultural significance in the theatrical genres. Tribal theatres of central India, especially of Madhya Pradesh, Chhattisgarh, Jharkhand, Andhra and Telangana etc. have a rich heritage in terms of subject matter and also in artistic nuances. In Jharkhand, tribal festivals are based on nature, agriculture, village gods and in practice of paying homage to the spirits of the ancestors. They are full of exuberance. The festivals of community employ the symbols of myths for their proliferation and entertainment and are deeply rooted in the people's belief system. Sarhul, Sohrai, Karam, Tusu Parab, Baha Parab, Jawa, etc. are a few tribal festivals celebrated in Jharkhand by the majority tribes. These performances require our intellectual engagement not only to see their performative dimensions but also to

attest the changes they have incorporated over the year from the point of view of communication and transformation. We shall be looking at the two popular tribal cultural practices of Jharkhand namely, Jani Shikar and Murmajatra from Richard Schechner conceptions of 'efficacy' and 'entertainment" in performances.

A.T.M. Rafiqul Islam (2022) Indigenous knowledge of medicinal plants is an integral part of the primary health care (PHC) system in almost every society. For more than two centuries, Munda, a small ethnic group in Bangladesh, has lived around the Sundarbans, the world's largest mangrove forest. This mangrove is rich in biodiversity but is threatened by global climate change. Information on the therapeutic use of plants by Munda ethnic minorities remains completely unknown. Therefore, it needs urgent documentation. The purpose of the study is (1) to search and compile data on the diversity of medicinal plants used by the Munda people for PHC needs, and (2) Quantitative analysis of these data to identify important medicinal plants and diseases related to treatment by this species. We conducted repeated field surveys and interviews among 79 Munda informants to collect ethnobotanical data. Informants were selected through random sampling techniques and interviewed using an open and semi-structured questionnaire. We reported the primary (absolute) data as use reports (URs) with frequency citation (FC). The International Classification of Primary Care-2 (ICPC-2) was followed to categorize the therapeutic use of medicinal plants, and quantitative analysis was performed using the FC and informant consensus factor (ICF). The present study explored and compiled a total of 3199 medicinal URs for 98 medicinal plant species to treat 132 ailment conditions under sixteen (16) ICPC-2 pathological group. The highest URs (948) were noted for the digestive (D) group treated by 69 plant species, where the highest ICF value was measured for the social problem (Z) disease category (ICF: 1.00). Of the recorded medicinal plants, 17 were identified as true Mangrove (MNG), 24 as Mangrove Associates (MNA), and 57 as Non-Mangrove (NMG) species. Fabaceae (13 species) represented the leading family, followed by Lamiaceae and Compositae (5 species). Herbs (43%) have shown

A.T.M. Rafiqul Islam, Md. Mahadiy Hasan, Md. Tahidul Islam, Nobukazu Tanaka, Ethnobotanical study of plants used by the Munda ethnic group living around the Sundarbans, the world's largest mangrove forest in southwestern Bangladesh, Journal of Ethnopharmacology, Volume 285, 2022, 114853, ISSN 0378-8741, https://doi.org/10.1016/j.jep. 2021 114853.

dominant life forms, and the leaves (41%) were frequently used plant parts. The most commonly cited preparation method was juice (24%), and the prevalent mode of administration was oral (62%). Azadirachta indica A. Juss, was the most widely used therapeutic plant species based on FC (39) values. The comparative literature review study reveals that the practices of 15 plants and their ethnomedicinal use by the Munda people are still entirely unexplored and newly reported in Bangladesh. Additionally, therapeutic use of 2 species, Brownlowia tersa (L.) Kosterm., and Dalbergia candenatensis (Dennst.) Prain has not been previously reported worldwide. In addition, 51 plant species (52%) of the total plants studied enlisted on the IUCN Red List of Threatened Species. To our knowledge, this is the first ethnobotanical study on the Munda ethnic group in Bangladesh. This study indicates that Munda people still rely on medicinal plants for PHC and have a rich and varied traditional knowledge about the therapeutic use of plants. This study also warns of the high risk of the current availability status of plants in the study area. Therefore, this study calls for urgent steps to protect and conserve high-risk plants that can be done by taking both in-situ and ex-situ measures. In addition, further phytochemical and pharmacological investigations of the important medicinal plants cited in the study have been suggested.

Md. Kamran Hossain (2012) There are about thirty-one tribal community in Bangladesh among these Munda is one of them. The community is known as Bonos Kuli, and Mundari to the local Bengali people. They specially lived in koyra, shyam nagar, Satkhira, Bagerhat. They are also different because of their distinct characteristics such as Language, Food Habit, Religion, Rituals and Festivals. This group is based on the common ancestral beliefs, occupational status and identity. The cultural diversity of the Mundas refers to the variation in institution, tradition, and customs. The main objectives of this paper were to explore the livelihood patterns and social status of the munda community as well as their economic, social, political alienation. Actually, the deprivation of the munda community had crossed their assumption. It is very unfortunate that we live in the 21stcentury but they are totally deprived of all the privileges of modernization. Our government has taken a great initiative to digitalization in this country which is unknown to the people of munda

Sarkar 5 (2018) the Identity of Adibashi Ethnicity IBS Seminar Volume -19.
1 Md. Kamran Hossain 2012 The Life and Social Pattern of Munda Community of Two Selected District of Bangladesh: An Empirical Social Survey

community. Although their equal citizenship of this country they could not meet up their fundamental needs which are the constitutional obligation of Bangladesh Government. Even they are not conscious about their rights. They had no access to the mainstream activity of our country. The people of Munda community look like something as famine region which also proved their physical structure. They could not adapt with the modern amenities even they are losing their traditional possession and culture. There are huge government initiatives for the backward community especially for tribal community (article 4 of 28, according to constitution of Bangladesh). But the Mundas participation in these initiatives were not mentionable. The internal variation of the Mundas distinguishes (ethnicroots) from other ethnic groups and also from the mainstream culture. This community has glorious past of hundred years, though are now in crises of cultural and ethnic identity. Many of their culture have been merged with mainstream Hindu culture. The migrations of plain land people to the Munda settlement influence them to acculturate with mainstream culture. Present study was conducted at Koyra and Tala thana in Khulna and Shatkhira district. With a view to observing the religious beliefs and rituals of Munda community, we had conducted Four Focus Group Discussions and four case studies by using method of data collection.

Shaiful Huda et.al. (2021) The Munda's (Adibasi) are an aboriginal community of the Kingdom of Royal Bengal Tiger of the Sundarbans Mangrove ecological zone (the south-west costal region). The Munda's are called 'Sarna/Buno/the forest Man/Kuli/Horoko/the deprived Man/the neglected Tribe. They live surrounding the Sundarban's Mangrove Forest and depend on the ecology for their subsistence and livelihoods. During the British period, the Indigenous people travelled to Bangladesh about 220 years ago coming from Ranchi, the capital of Jharkhand (Bihar) and have been here ever since. The group is one of the Indian largest scheduled tribes. The Munda's practice indigenous religion, distinctive culture and play. They are excellent in singing, dancing, drinking, working, catching fish/crab and shrimp collecting wood honey etc. They also believe in ghosts (Bhut) and spirits-both good and bad and call

on them to either help someone who is sick or to do damage to another person. They also dedicate Hen for the ritual's celebration for their God (Sing Bonga-The Sun) and spirituals power. They believe that, after death the soul come back at their home and save them different types of dangers from some bad souls and bad Tantriks. They follow their ancient process or their forefather's direction. During the festivals, they serve rice wine "Haria /Tari'. They are addicted Rat's meat, Snails, Crabs, Pigs, wild Cats, Civet and dead animals due to injuries. They speak in 'Mundari/Nagri/Sadri which is mixture of Bengali, Hindi and Persian.

SCOPE AND LIMITATION

Considering the merits and limitations of cach theoretical models of medical anthropology, the researcher has opted ethno medicine and applied medical anthropology to understand the health beliefs and practices of Munda tribe and appropriate quantitative methodology with interview schedule and observation method has been used for data collection.

Considering the definition of traditional medicine as given by WHO and the dimensions entwined with the definition, we may presuppose that the practice of herbal medicine found among Munda tribe is a kind of traditional medicine and practitioners and healers are traditional healers, however, the difficulty with this definition and metaphor used is that it nuances towards a static image of health, illness and medicine which is not true. The facts indicate that the nature and scope of traditional medicine is always changing across time and space. Secondly, as there is no precise definition of TM, its fluidity may create confusion and lack of authentication.

OBJECTIVES

1. To understand the concept of health, illness and medicine among the Munda tribe of Ranchi.

2. To explore the relationship between the practice of herbal medicine and socio-economic variables such as gender, age, education, income etc.

3. To get aware of the practice of herbal medicine and its relation with religious beliefs, superstition, magic, science, witchcraft etc.

4. To understand the consequences of modern medicine and other related factors in relation to the use of herbal medicine.

5. To understand the ideological conflict among the youths acquiring new modern practices and conserving natural knowledge heritage of herbal medicines by the old ones.

HYPOTHESIS

Alternative hypothesis (Ha): The practice of herbal medicine is more common in females as kitchen and home medicine than male counterparts

Null hypothesis (HO): There is no correlation between sex/gender and the use and preference of the practice of herbal medicine.

Alternative hypothesis (Ha): The practice of herbal medicine is more prevalent in old generation than young ones.

Null hypothesis (Ho): There is no correlation between age and the use and preference of the practice of herbal medicine.

Alternative hypothesis (Ha): The use of the practice of Herbal Medicine will differ significantly with education level of Respondents. Null hypothesis (Ho): There is no congelation between education level of respondents and the use and

preference of the practice of herbal medicine.

Alternative hypothesis (Ha): The use of the practice of Herbal Medicine will differ significantly with religion

Null hypothesis (Ho): There is no correlation between religion of the respondents and the use and preference of the practice of herbal medicine.

Alternative hypothesis (Ha): The use of the practice of Herbal Medicine will differ significantly with occupation

Null hypothesis (Ho): There is no correlation between religion of the respondents and the use and preference of the practice of herbal medicine.

Alternative hypothesis (Ha): Quackery, beliefs in spirits is positively related to the use of the practice of herbal medicine.

Null hypothesis (Ho): There is no correlation between quackery, witchcraft etc. and the use and preference of the practice of herbal medicine.

RESEARCH METHODOLOGY -

Research Design:

The descriptive survey design will be used for this study. This design, as supported by teview of literature is appropriate when adequate but large samples are used.

Population

The popolation comprised all Munda peoples (users and provider healers) in the 13 Blocks of Ranchi district namely Ormanjhi, Bero, Mandar, Kanke, Namkum, Ratu, Burma (all in Ranchi subdivision) Khunti, Murhu, Torpa (in Khunti subdivision), Bundu, Sonahatu, Tamar (in Bundu subdivision).

Sample and Sampling Techniques

The sample for the study will be 270 Munda respondents as user and 30 ethno medical healers. For the sample category of Munda respondents as u means of stratified random sampling technique.

A sample of 30 ethno medical healers having minimum 2 years of experience will be selected purposely on the basis of willingness and availability at the time of study. An interview schedule will be designed and questions will be included to get answers on the following a) background profile of the respondents, b) questions regarding the knowledge, and beliefs about health, illness and disease aetiology, causation of illness, sanitation and diet C) nature and purpose of the healing practice and existing healing practices and their opinion/ attitudes towards modern health care facilities. For Munda respondent healers the sampling technique will be purposive sampling and snowball sampling.

Thus 316 Interview Schedule will be administered in each of the thirteen blocks and thus total 300 samples will be obtained.

Procedure for Data Collection:

The researcher herself administered the Interview Schedule and collected them back immediately they will be completed. The Hindi language translated version of the Interview Schedule will-be used to collect information from the Munda respondents

and Munda respondent healers. Out of the 286 copies administered for Munda respondents, 270 copies will be properly filled. Data will be collected from 30 healers with the help of interview schedule. Thus, total sample size will be 300.

Material and Methods:

Locale of the Study: One district of Jharkhand namely Ranchi will be selected for the study with representation of thirteen blocks per district and two villages per block. From the list of all households, eleven households per village will be stratified randomly selected. Thus, two hundred seventy respondents will be selected. The data will be collected through personal interview using a structured interview schedule designed for the purpose of study.

Area of Study:

Ranchi District-A Brief Background

location and area

Altitude: 652m

Latitude: 22.5-degree North to 23.60-degree North

Longitude: 84.9-degree East to 85.6-degree East

Total Area: 7701 sq. Kilometers

Ranchi district is the largest in the state Jharkhand. It is bounded on the north by Hazaribagh and small portion of Chatra district, on the east by the district of Purulia (West Bengal) and part of Pashchimi Singhbhum, on the south by the districts of Palamau, Lohardaga and Gumla. Earlier the name of the district will be Lohardaga which will be come into being after the creation of the non-regulation South-West frontier as a result of the Kol rising in 1831-32. The name of the district will be changed in 1899 from lohardaga to Ranchi.

POPULATION: Total population of the district according to 2001 census is 2,783,577 persons, comprising of 1,436,423 males and 1,347,154 females. Rural

population of the district is 1,806,682 persons (916,230 males and 890,452 females) and urban population is 976,895 persons (520,193 males and 456,702 females).

DATA ANALYSIS

The data will be entered into an SPSS 15 software programme. Following statistical tests will be conducted, and the p value will be to be at least less than 05 to be accepted as significant result.

EXPECTED OUTCOME

Health and illness are a socio-cultural construct and different health practices will be embedded in their culture. Almost every activity of this community is influenced by their religion and relation with the cosmic, supernatural world; so, the health and illness also. The community acknowledges the supernatural causation of illness and so treatment of such illness is intrinsically related with their religious beliefs and practices like religious offerings, ancestral worship and others. Research indicates that believe in spirits is widely present among them (90% said they believe in spirits) and not be affected by education or other factors. Majority of people also admit that these spirits will be an important role in maintaining good health as well as inflicting diseases. Though they believe in witchcraft but gradually witch hunting and its role in causing disease will be decreasing at least explicitly. The findings and conclusions of this study will be incomplete if they will not provide directions for intervention because the importance of social research will only be realized through practice. Thus, the next section would elucidate how our findings and conclusion will be used to create a contextual intervention programme for Munda Adivasis in Ranchi, Jharkhand and inform interventions for tribals living with having its own ethno medical system elsewhere. If any research activity is linked with interventions also, then it became more practical and action oriented. With this aim, following suggestions will be recommended for Munda tribe in specificity.

TENTATIVE CHAPTER PLAN

Chapter 1: Introduction

Chapter 2: Literature Review

Chapter 3: Research Methodology

Chapter 4: Data Analysis and Interpretation

Chapter 5: Conclusion

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